



**CANDIDATE'S STATEMENT OF ORGANIZATION AND  
DESIGNATION OF PRINCIPAL COMMITTEE OR EXPLORATORY COMMITTEE**

**(CFA-1)**

State Form 4604 (R13/9-10)

Indiana Election Commission (IC 3-9-1-3; IC 3-9-1-4; IC 3-9-1-5)

**PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK. SEE INSTRUCTIONS ON REVERSE SIDE.**

|  |  |   |                   |                       |   |                                      |   |   |  | FILE NUMBER |
|--|--|---|-------------------|-----------------------|---|--------------------------------------|---|---|--|-------------|
| 1. IS THIS AN AMENDMENT? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If Yes, please enter the file number in this box →  |  |   |                   |                       |   |                                      |   |   |  |             |
| <b>SECTION A. CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.</b>   |  |   |                   |                       |   |                                      |   |   |  |             |
| 2. Last Name<br>Miller-Penquite  |  | First Name<br>Terri                               |                   | Middle Name<br>Joanne |   | Nickname                             |   | 3. Type of Committee (Check one)<br><input checked="" type="checkbox"/> Candidate's Principal Committee<br><input type="checkbox"/> Exploratory Committee |  |             |
| 4. Mailing Address<br>7838 Potomac Ave.  |  |   |                   |                       | 5. FAX (Optional)   |                                      | 6. E-mail Address (Optional)<br>tpenquite@gmail.com             |   |  |             |
| 7. City<br>Indianapolis  |  | State<br>IN                                       | ZIP Code<br>46226 | 8. County<br>Marion   |   | 9. Telephone (Day)<br>(317) 874-6312 |   | 10. Telephone (Evening)<br>Same   |  |             |
| 11. Party Affiliation<br><input type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Other  |  |   |                   |                       | 12. Office Sought (Include district number, if any. Not required for an exploratory committee.)<br>City-County Council Dist. 13   |                                      |   |   |  |             |
| <b>SECTION B. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.</b>   |  |   |                   |                       |   |                                      |   |   |  |             |
| 13. Full Name of Committee (Do not abbreviate) <input type="checkbox"/> Check if this is a new name<br>Friends to Elect Terri Miller-Penquite for City-County Council  |  |   |                   |                       |   |                                      |   |   |  |             |
| 14. Mailing Address <input type="checkbox"/> Check if this is a new address<br>7838 Potomac Ave.   |  |   |                   |                       | 15. FAX (Optional)  |                                      | 16. E-mail Address (Optional)<br>tpenquite@gmail.com            |   |  |             |
| 17. City<br>Indianapolis   |  | State<br>IN                                       | ZIP Code<br>46226 | 18. County<br>Marion  |   | 19. Telephone<br>(317) 874-6312      |   | 20. Committee Organization Date (MM-DD-YY)<br>02-23-15  |  |             |
| 21. Chairperson's Full Name <input checked="" type="checkbox"/> Designate Candidate as Chairperson <input type="checkbox"/> Check if this is a new chairperson   |  |   |                   |                       |   |                                      |   |   |  |             |
| 22. Mailing Address <input type="checkbox"/> Check if this is a new address  |  |   |                   |                       | 23. FAX (Optional)  |                                      | 24. E-mail Address (Optional)                                   |   |  |             |
| 25. City   |  | State   | ZIP Code          | 26. County            |   | 27. Telephone (Day)                  |   | 28. Telephone (Evening)   |  |             |
| 29. Bank or Other Depositories (List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.)  |  |   |                   |                       |   |                                      |   |   |  |             |
| 30. Exploratory Committee (Give brief statement explaining purpose of an exploratory committee only.)  |  |   |                   |                       | 31. Salaries and Reimbursements (Will the committee pay the candidate a salary or reimbursement for lost wages? If Yes, attach a copy of the contract.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |                                      |   |   |  |             |
| <b>SECTION C. APPOINTMENT OF TREASURER (IC 3-9-1-14)</b>   |  |   |                   |                       |   |                                      |   |   |  |             |
| 32. I, as Chairperson of the foregoing committee, appoint the following person as Treasurer of the Committee.  |  |   |                   |                       | Person Appointed Treasurer<br>Terri Miller-Penquite   |                                      | Signature of the Committee Chairperson<br>Terri Miller-Penquite |   |  |             |
| 33. Treasurer's Full Name <input checked="" type="checkbox"/> Designate candidate as treasurer <input type="checkbox"/> Check if this is a new treasurer   |  |   |                   |                       |   |                                      |   |   |  |             |
| 34. Mailing Address <input type="checkbox"/> Check if this is a new address  |  |   |                   |                       | 35. FAX (Optional)  |                                      | 36. E-mail Address (Optional)                                   |   |  |             |
| 37. City   |  | State   | ZIP Code          | 38. County            |   | 39. Telephone (Day)                  |   | 40. Telephone (Evening)   |  |             |
| <b>SECTION D. ACCEPTANCE OF APPOINTMENT (IC 3-9-1-15)</b>  |  |   |                   |                       |   |                                      |   |   |  |             |
| 41. I give notice that I accept the duties and responsibilities of Treasurer of this Committee. I am not the chairperson of a campaign finance committee (except as permitted for a candidate committee under IC 3-9-1-7).   |  |   |                   |                       | Signature of Person Accepting Appointment<br>Terri Miller-Penquite  |                                      |   |   |  |             |
| <b>SECTION E. CERTIFICATION OF STATEMENT</b>   |  |   |                   |                       |   |                                      |   |   |  |             |
| We certify as the candidate and the duly appointed Chairperson of the Committee and that we have examined this statement. To the best of our knowledge and belief it is true, correct and complete.  |  |   |                   |                       |   |                                      |   |   |  |             |
| 42. Typed or Printed Name of Chairperson<br>Terri Miller-Penquite  |  | Signature of Chairperson<br>Terri Miller-Penquite |                   |                       |   | Date (MM-DD-YY)<br>02-23-15          |   |   |  |             |
| 43. Typed or Printed Name of Candidate<br>Terri Miller-Penquite  |  | Signature of Candidate<br>Terri Miller-Penquite   |                   |                       |   | Date (MM-DD-YY)<br>02-23-15          |   |   |  |             |
| <b>Warning:</b> State law requires that any change in this information be reported within 10 days of the change (IC 3-9-1-10). A person who knowingly files a fraudulent report commits a Class D felony (IC 3-14-1-13). A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor (IC 3-14-1-14), and may be subject to civil penalties (IC 3-9-4-16, IC 3-9-4-17, and IC 3-9-4-18). |  |   |                   |                       |   |                                      |   |   |  |             |

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FEB 24 2015

A. Eldridge



# REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4806 (R13/11-05)  
Indiana Election Commission (IC 3-9-5-14)

(CFA-4)

## Summary Sheet

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT

2

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? ☐ Yes ☒ No

### COMMITTEE INFORMATION

|   |   |
|---|---|
| 1. Full Name of Committee (as on Statement of Organization) <input type="checkbox"/> Check if this is a new name<br><u>MASCARI CITY COUNTY COUNCIL</u>                  |   |
| 2. Acronym or Abbreviated Name (if any)   | 3. Committee Telephone Number<br><u>(317) 787-0677 / (317) 788-0520</u> |
| 4. Mailing Address (address where all campaign finance correspondence is received) <input type="checkbox"/> Check if this is a new address<br><u>411 PARK MEADOW CT</u> |   |
| 5. City, State, ZIP Code<br><u>BEECH GROVE IN 46107</u>   | 6. Party Affiliation (if applicable)<br><u>DEMOCRAT</u>                 |

### CANDIDATE INFORMATION (For Candidate's Committees Only)

|   |   |
|---|---|
| 7. Full Name of Candidate (include any nickname)<br><u>FRANK MASCAI</u>   | 8. Party Affiliation or if Independent Candidate<br><u>DEMOCRAT</u> |
| 9. Office Sought (Include district number, if any. Not required for exploratory committee.)<br><u>CITY COUNTY COUNCIL DISTRICT 21</u> | 10. County of Residence   |

### TYPE OF REPORT

11. Check one:  
☐ Pre-Primary ☐ Pre-Election ☐ Annual ☐ Nomination ☐ Other \_\_\_\_\_  
☐ Final/Disbands Committee (lines 18, 19, and 20 must be "0") ☒ Outgoing Treasurer (within 10 days amend Statement of Organization)

### CONVENTION CANDIDATES ONLY

Check one:  
☐ Pre-Convention  
☐ Post-Convention

12. Reporting Period:  
 From: 1/1/15 Through: 2/19/15

13. Cash on hand and investments at the beginning of this reporting period.

COLUMN A  
This PeriodCOLUMN B  
Year to Date

14. Cash on hand and investments January 1, current year.

37.14

### CONTRIBUTIONS AND RECEIPTS

(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)

15a. Itemized (use Schedule A)

0

15b. Unitemized

0

15c. Add lines 15a and 15b in both columns

SUBTOTAL

16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B

TOTAL

37.14

### EXPENDITURES

(Note: These amounts include in-kind expenditures and loan repayments.)

17a. Itemized (use Schedule B) (Public Question: use Schedule C)

0

17b. Unitemized

0

17c. Add lines 17a and 17b in both columns

SUBTOTAL

0

18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)

TOTAL

37.14

19. Debts OWED BY the committee (use Schedule D)

0

20. Debts OWED TO the committee (use Schedule E)

0

### CERTIFICATION

I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.

Signature of Treasurer

Title

TREASURER

Date

2/19/15

Signature of Candidate (if applicable)

Date

2/19/15

WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Class D felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor. (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)

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FEB 19 2015

Myra A. Eldridge



**CANDIDATE'S STATEMENT OF ORGANIZATION AND  
DESIGNATION OF PRINCIPAL COMMITTEE OR EXPLORATORY COMMITTEE**

**(CFA-1)**

State Form 4604 (R13/9-10)

Indiana Election Commission (IC 3-9-1-3; IC 3-9-1-4; IC 3-9-1-5)

**PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK. SEE INSTRUCTIONS ON REVERSE SIDE.**

**FILE NUMBER**

1. IS THIS AN AMENDMENT? ☒ No ☐ Yes If Yes, please enter the file number in this box →

**SECTION A. CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.**

|   |                                |                              |  |   |
|---|--------------------------------|------------------------------|--|---|
| 2. Last Name<br><b>Vibbert</b>  | First Name<br><b>Stephanie</b> | Middle Name<br><b>Nicole</b> | Nickname   | 3. Type of Committee (Check one)<br><input checked="" type="checkbox"/> Candidate's Principal Committee<br><input type="checkbox"/> Exploratory Committee |
| 4. Mailing Address<br><b>808 Springvalley Dr.</b>   |                                |                              | 5. FAX (Optional)  | 6. E-mail Address (Optional)  |
| 7. City<br><b>Indpls</b>  | State<br><b>IN</b>             | ZIP Code<br><b>46231</b>     | 8. County<br><b>Marion</b>   | 9. Telephone (Day)<br><b>(317) 258-1114</b>   |
|   |                                |                              | 10. Telephone (Evening)<br><b>(317) 258-1114</b>   |   |
| 11. Party Affiliation<br><input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input type="checkbox"/> Republican <input type="checkbox"/> Other |                                |                              | 12. Office Sought (Include district number, if any. Not required for an exploratory committee.)<br><b>City County Council 22</b> |   |

**SECTION B. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.**

|   |                    |                          |   |  |
|---|--------------------|--------------------------|---|--|
| 13. Full Name of Committee (Do not abbreviate) <input type="checkbox"/> Check if this is a new name<br><b>Stephanie Vibbert for Council</b>   |                    |                          |   |  |
| 14. Mailing Address <input type="checkbox"/> Check if this is a new address<br><b>Same</b>  |                    |                          | 15. FAX (Optional)  | 16. E-mail Address (Optional)          |
| 17. City<br><b>Indpls</b>   | State<br><b>IN</b> | ZIP Code<br><b>46231</b> | 18. County<br><b>Marion</b>                                 | 19. Telephone<br><b>(317) 258-1114</b> |
|   |                    |                          | 20. Committee Organization Date (MM-DD-YY)<br><b>2-5-15</b> |  |
| 21. Chairperson's Full Name <input checked="" type="checkbox"/> Designate Candidate as Chairperson <input type="checkbox"/> Check if this is a new chairperson  |                    |                          |   |  |
| 22. Mailing Address <input type="checkbox"/> Check if this is a new address<br><b>Same</b>  |                    |                          | 23. FAX (Optional)  | 24. E-mail Address (Optional)          |
| 25. City  | State              | ZIP Code                 | 26. County  | 27. Telephone (Day)                    |
|   |                    |                          |   |  |
| 29. Bank or Other Depositories (List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.)   |                    |                          |   |  |
| 30. Exploratory Committee (Give brief statement explaining purpose of an exploratory committee only.)   |                    |                          |   |  |
| 31. Salaries and Reimbursements (Will the committee pay the candidate a salary or reimbursement for lost wages? If Yes, attach a copy of the contract.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |                    |                          |   |  |

**SECTION C. APPOINTMENT OF TREASURER (IC 3-9-1-14)**

|  |                    |                          |   |  |  |
|--|--------------------|--------------------------|---|--|--|
| 32. I, as Chairperson of the foregoing committee, appoint the following person as Treasurer of the Committee.  |                    |                          | Person Appointed Treasurer<br><b>David Frye</b> |  | Signature of the Committee Chairperson<br><b>David N. Frye</b> |
| 33. Treasurer's Full Name <input type="checkbox"/> Designate candidate as treasurer <input type="checkbox"/> Check if this is a new treasurer<br><b>David Frye</b> |                    |                          |   |  |  |
| 34. Mailing Address <input type="checkbox"/> Check if this is a new address<br><b>808 Springvalley Dr.</b>   |                    |                          | 35. FAX (Optional)                              | 36. E-mail Address (Optional)                |  |
| 37. City<br><b>Indpls</b>  | State<br><b>IN</b> | ZIP Code<br><b>46231</b> | 38. County<br><b>Marion</b>                     | 39. Telephone (Day)<br><b>(317) 258-1114</b> | 40. Telephone (Evening)  |

**SECTION D. ACCEPTANCE OF APPOINTMENT (IC 3-9-1-15)**

41. I give notice that I accept the duties and responsibilities of Treasurer of this Committee. I am not the chairperson of a campaign finance committee (except as permitted for a candidate committee under IC 3-9-1-7).

Signature of Person Accepting Appointment  
**David N. Frye**

**SECTION E. CERTIFICATION OF STATEMENT**

We certify as the candidate and the duly appointed Chairperson of the Committee and that we have examined this statement. To the best of our knowledge and belief it is true, correct and complete.

|  |  |                                  |
|--|--|----------------------------------|
| 42. Typed or Printed Name of Chairperson<br><b>Stephanie Vibbert</b> | Signature of Chairperson<br><b>Stephanie Vibbert</b> | Date (MM-DD-YY)<br><b>2-5-15</b> |
| 43. Typed or Printed Name of Candidate<br><b>Stephanie Vibbert</b>   | Signature of Candidate<br><b>Stephanie Vibbert</b>   | Date (MM-DD-YY)<br><b>2-5-15</b> |

**Warning:** State law requires that any change in this information be reported within 10 days of the change (IC 3-9-1-10). A person who knowingly files a fraudulent report commits a Class D felony (IC 3-14-1-13). A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor (IC 3-14-1-14), and may be subject to civil penalties (IC 3-9-4-16, IC 3-9-4-17, and IC 3-9-4-18).

**FOR OFFICE USE ONLY**

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**FEB 13 2015**

*Myla A. Eldridge*



**POLITICAL ACTION COMMITTEE  
OR LEGISLATIVE CAUCUS COMMITTEE  
STATEMENT OF ORGANIZATION**

State Form 28251 (R9/9-09)

Indiana Election Commission (IC 3-9-1-3 and IC 3-9-1-4)

(CFA-2)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK. SEE INSTRUCTIONS ON REVERSE SIDE

FILE NUMBER

1. IS THIS AN AMENDMENT? ☒ No ☐ Yes If Yes, please enter the file number in this box →

**SECTION A. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.**

2. Full Name of Committee (Do not abbreviate) ☐ Check if this is a new name

3. Acronym or Abbreviated Name (if any)

YES 4 Beech Grove City Schools

4. Mailing Address (Address where all campaign finance correspondence is received) ☐ Check if this is a new address

5. E-mail Address (Optional)

7717 Dornock Dr.

6. City

State

ZIP Code

7. FAX (Optional)

8. Telephone

9. Committee Organization Date (MM-DD-YY)

Indianapolis

IN

46237

(317) 782-4045

(317) 850-5249

1-26-2015

10. Is this committee registered with the Federal Election Commission? ☐ Yes ☒ No

11. Is this committee a "Legislative Caucus Committee" under IC 3-5-2-27.3? ☐ Yes ☒ No

12. State the purpose of the committee and on which issues the committee expects to focus.

Operating and Construction Referendum for Beech Grove City Schools

13. Name and address of any connected, affiliated, sponsoring organization, corporation, group, or individual.

14. Is this committee supporting a political party's entire ticket? ☐ Yes ☒ No

Check party affiliation if applicable: ☐ Democratic ☐ Libertarian ☐ Republican  
☐ Other

15. If supporting or opposing a public question, state both the subject of the question AND the committee position.

Operating and Construction Referendum for Beech Grove City Schools

16. Chairperson's Name ☐ Check if this is a new chairperson

17. E-mail Address (Optional)

Harvey Warrner

hoosier-harv@yahoo.com

18. Mailing Address ☐ Check if this is a new address

19. Telephone (Day)

20. Telephone (Evening)

135 E. Brunswick Ave, Indpls, 46227

(317) 979-1808

21. Treasurer's Name ☐ Check if this is a new treasurer

22. E-mail Address (Optional)

Cathy Statzer

cstatzer@bgcs.k12.IN.US

23. Mailing Address ☐ Check if this is a new address

24. Telephone (Day)

25. Telephone (Evening)

7717 Dornock Dr. Indpls, IN 46237

(317) 788-4481

(317) 850-5249

26. Custodian of Records' Name ☐ Check if this is a new custodian

27. E-mail Address (Optional)

Cathy Statzer

cstatzer@bgcs.k12.IN.US

28. Mailing Address ☐ Check if this is a new address

29. Telephone (Day)

30. Telephone (Evening)

7717 Dornock Dr. Indpls, IN 46237

(317) 788-4481

(317) 850-5249

31. Bank or Other Depositories (List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.)

Fifth Third Bank

**SECTION B. APPOINTMENT OF TREASURER (IC 3-9-1-14)**

32. I, as Chairperson of the foregoing committee, appoint the following person as Treasurer of the Committee.

Person Appointed Treasurer

Cathy Statzer

Signature of the Committee Chairperson

Harry W Warrner

**SECTION C. ACCEPTANCE OF APPOINTMENT (IC 3-9-1-15)**

33. I give notice that I accept the duties and responsibilities of Treasurer of this Committee. I am not the chairperson of any other campaign finance committee.

34. Typed or Printed Name of Treasurer

Signature of Treasurer

Date (MM-DD-YY)

Cathy Statzer

Cathy Statzer

1/26/15

**SECTION D. CERTIFICATION OF STATEMENT**

I certify that I am the duly appointed Chairperson of the Committee and have examined this statement. To the best of my knowledge and belief it is true, correct and complete.

35. Typed or Printed Name of Chairperson

Signature of Chairperson

Date (MM-DD-YY)

Harry W. Warrner

Harry W Warrner

1/26/15

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FEB 19 2015

Myla A. Eldridge



**CANDIDATE'S STATEMENT OF ORGANIZATION AND  
DESIGNATION OF PRINCIPAL COMMITTEE OR EXPLORATORY COMMITTEE**  
State Form 4604 (R13/9-10)  
Indiana Election Commission (IC 3-9-1-3; IC 3-9-1-4; IC 3-9-1-5)

(CFA-1)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK. SEE INSTRUCTIONS ON REVERSE SIDE.

FILE NUMBER

1. IS THIS AN AMENDMENT? ☒ No ☐ Yes If Yes, please enter the file number in this box →

**SECTION A. CANDIDATE INFORMATION:** Fill in all applicable boxes as fully and accurately as possible.

|   |                           |                            |                            |   |
|---|---------------------------|----------------------------|----------------------------|---|
| 2. Last Name<br><b>Schneider</b>  | First Name<br><b>Lana</b> | Middle Name<br><b>Jane</b> | Nickname                   | 3. Type of Committee (Check one)<br><input checked="" type="checkbox"/> Candidate's Principal Committee<br><input type="checkbox"/> Exploratory Committee |
| 4. Mailing Address<br><b>10739 Chesapeake Dr S.</b>   |                           |                            |                            | 5. FAX (Optional)   |
| 6. E-mail Address (Optional)  |                           |                            |                            |   |
| 7. City<br><b>Lawrence</b>  | State<br><b>IN</b>        | ZIP Code<br><b>46236</b>   | 8. County<br><b>Marion</b> | 9. Telephone (Day)<br><b>(317) 473-6550</b>   |
|   |                           |                            |                            | 10. Telephone (Evening)   |
| 11. Party Affiliation<br><input type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Other |                           |                            |                            | 12. Office Sought (Include district number, if any. Not required for an exploratory committee.)   |

**SECTION B. COMMITTEE INFORMATION:** Fill in all applicable boxes as fully and accurately as possible.

|   |                    |                          |                             |  |
|---|--------------------|--------------------------|-----------------------------|--|
| 13. Full Name of Committee (Do not abbreviate) <input type="checkbox"/> Check if this is a new name<br><b>Committee to Elect Lana Schneider</b>   |                    |                          |                             |  |
| 14. Mailing Address <input type="checkbox"/> Check if this is a new address<br><b>10739 Chesapeake Dr S.</b>  |                    |                          |                             |  |
| 15. FAX (Optional)  |                    |                          |                             |  |
| 16. E-mail Address (Optional)   |                    |                          |                             |  |
| 17. City<br><b>Lawrence</b>   | State<br><b>IN</b> | ZIP Code<br><b>46236</b> | 18. County<br><b>Marion</b> | 19. Telephone<br><b>(317) 473-6550</b>                     |
|   |                    |                          |                             | 20. Committee Organization Date<br><b>MM-DD-YY 1-20-15</b> |
| 21. Chairperson's Full Name <input checked="" type="checkbox"/> Designate Candidate as Chairperson <input type="checkbox"/> Check if this is a new chairperson  |                    |                          |                             |  |
| 22. Mailing Address <input type="checkbox"/> Check if this is a new address   |                    |                          |                             |  |
| 23. FAX (Optional)  |                    |                          |                             |  |
| 24. E-mail Address (Optional)   |                    |                          |                             |  |
| 25. City  | State              | ZIP Code                 | 26. County                  | 27. Telephone (Day)  |
| 28. Telephone (Evening)   |                    |                          |                             |  |
| 29. Bank or Other Depositories (List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.)<br><b>BMO</b>                                   |                    |                          |                             |  |
| 30. Exploratory Committee (Give brief statement explaining purpose of an exploratory committee only.)   |                    |                          |                             |  |
| 31. Salaries and Reimbursements (Will the committee pay the candidate a salary or reimbursement for lost wages? If Yes, attach a copy of the contract.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |                    |                          |                             |  |

**SECTION C. APPOINTMENT OF TREASURER (IC 3-9-1-14)**

|  |                    |  |  |
|--|--------------------|--|--|
| 32. I, as Chairperson of the foregoing committee, appoint the following person as Treasurer of the Committee.  |                    | Person Appointed Treasurer<br><b>Helen A. Taylor</b> | Signature of the Committee Chairperson<br><b>Lana J. Schneider</b> |
| 33. Treasurer's Full Name <input type="checkbox"/> Designate candidate as treasurer <input checked="" type="checkbox"/> Check if this is a new treasurer<br><b>Helen A. Taylor</b> |                    |  |  |
| 34. Mailing Address <input type="checkbox"/> Check if this is a new address<br><b>6533 Sparrowood Ct</b>   |                    |  |  |
| 35. FAX (Optional)   |                    |  |  |
| 36. E-mail Address (Optional)  |                    |  |  |
| 37. City<br><b>Lawrence</b>  | State<br><b>IN</b> | ZIP Code<br><b>46236</b>                             | 38. County<br><b>Marion</b>  |
|  |                    | 39. Telephone (Day)<br><b>(317) 823-5693</b>         | 40. Telephone (Evening)  |

**SECTION D. ACCEPTANCE OF APPOINTMENT (IC 3-9-1-15)**

|  |   |
|--|---|
| 41. I give notice that I accept the duties and responsibilities of Treasurer of this Committee. I am not the chairperson of a campaign finance committee (except as permitted for a candidate committee under IC 3-9-1-7). | Signature of Person Accepting Appointment<br><b>Helen A. Taylor</b> |
|--|---|

**SECTION E. CERTIFICATION OF STATEMENT**

We certify as the candidate and the duly appointed Chairperson of the Committee and that we have examined this statement. To the best of our knowledge and belief it is true, correct and complete.

|  |  |                                   |
|--|--|-----------------------------------|
| 42. Typed or Printed Name of Chairperson<br><b>Lana J. Schneider</b> | Signature of Chairperson<br><b>Lana J. Schneider</b> | Date (MM-DD-YY)<br><b>1-21-15</b> |
| 43. Typed or Printed Name of Candidate<br><b>Lana J. Schneider</b>   | Signature of Candidate<br><b>Lana J. Schneider</b>   | Date (MM-DD-YY)<br><b>1-21-15</b> |

Warning: State law requires that any change in this information be reported within 10 days of the change (IC 3-9-1-10). A person who knowingly files a fraudulent report commits a Class D felony (IC 3-14-1-13). A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor (IC 3-14-1-14), and may be subject to civil penalties (IC 3-9-4-18, IC 3-9-4-17, and IC 3-9-4-18).

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FILED  
2015 JAN 22  
FEB 18 2015  
INDIANA ELECTIONS DIVISION

*Mylena K. Schudde*  
24 31 23



# REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R13/11-05)  
Indiana Election Commission (IC 3-9-5-14)

(CFA-4)

## Summary Sheet

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT

**INSTRUCTIONS:** Please type or print legibly **IN BLACK INK** all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? ☐ Yes ☒ No

### COMMITTEE INFORMATION

1. Full Name of Committee (as on Statement of Organization) ☐ Check if this is a new name

Odle for School board

2. Acronym or Abbreviated Name (if any)

3. Committee Telephone Number

4. Mailing Address (address where all campaign finance correspondence is received) ☐ Check if this is a new address

3939 Priority Way S. Rt #400

5. City, State, ZIP Code

Indpls, IN 46240

6. Party Affiliation (if applicable)

### CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full Name of Candidate (include any nickname)

Samuel L. Odle

8. Party Affiliation or If Independent Candidate

9. Office Sought (Include district number, if any. **Not required for exploratory committee.**)

IPS School Board At-Large

10. County of Residence

### TYPE OF REPORT

11. Check one:

☐ Pre-Primary ☐ Pre-Election ☒ Annual ☐ Nomination ☐ Other  
☐ Final/Disbands Committee (lines 18, 19, and 20 must be "0") ☐ Outgoing Treasurer (within 10 days amend Statement of Organization)

### CONVENTION CANDIDATES ONLY

Check one:

☐ Pre-Convention  
☐ Post-Convention

12. Reporting Period:

From: January 1, 2014 Through: December 31, 2014

COLUMN A  
This Period

COLUMN B  
Year to Date

13. Cash on hand and investments at the beginning of this reporting period.

2275.<sup>44</sup>

14. Cash on hand and investments January 1, current year.

2275.<sup>44</sup>

### CONTRIBUTIONS AND RECEIPTS

(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)

15a. Itemized (use Schedule A)

15b. Unitemized

15c. Add lines 15a and 15b in both columns

SUBTOTAL

16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B

TOTAL

### EXPENDITURES

(Note: These amounts include in-kind expenditures and loan repayments.)

17a. Itemized (use Schedule B) (Public Question: use Schedule C)

1200.-

1200.-

17b. Unitemized

17c. Add lines 17a and 17b in both columns

SUBTOTAL

1200.-

1200.-

18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)

TOTAL

1075.<sup>44</sup>

1075.<sup>44</sup>

19. Debts OWED BY the committee (use Schedule D)

20. Debts OWED TO the committee (use Schedule E)

### CERTIFICATION

I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.

Signature of Treasurer

Title

Date

2/10/15

Signature of Candidate (if applicable)

Date

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**FILED**

FEB 19 2015

**WARNING:** Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Class D felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)

Mylan A. Eldridge



# REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R13/11-05)  
Indiana Election Commission (IC 3-9-5-14)

## (CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

**INSTRUCTIONS:** Please type or print legibly **IN BLACK INK** all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities **OVER \$100** per recipient, within a calendar year **MUST** be itemized on this schedule (*over \$200, if regular party committee*). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (*such as transfers-out from candidate, legislative caucus, political action, or regular party committees*) **MUST** be itemized on this schedule.

FILE NUMBER

Page 2 of 2

| RECIPIENT'S NAME AND MAILING ADDRESS<br>(street, number, city, state, ZIP code)                          | RECIPIENT'S OCCUPATION        | TYPE OF EXPENDITURE<br>and<br>PURPOSE (be specific)   | COLUMN A<br>AMOUNT THIS<br>PERIOD | COLUMN B<br>CUMULATIVE<br>YEAR-TO-DATE | DATE OF<br>EXPENDITURE |
|--|-------------------------------|---|-----------------------------------|--|------------------------|
|  | OFFICE SOUGHT (if applicable) |   |                                   |  |                        |
| Code _____<br>Committee to Elect<br>DAVID Hampton  |                               | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose: | \$500                             | \$500                                  | 10/17/14               |
| Code _____<br>Bently for IPS<br>4929 Cornelius 46208<br>Indep, Ind                                       |                               | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose: | \$250                             | \$250                                  | 10/16/14               |
| Code _____<br>Friend of Laker<br>Echols<br>Poa 88874 Indep Ind 46208                                     |                               | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose: | \$250                             | \$250                                  | 10/16/14               |
| Code _____<br>Committee to Elect<br>David Hampton  |                               | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose: | \$200                             | \$200                                  | 10/26/14               |
| Code _____   |                               | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose:            |                                   |  |                        |
| Code _____   |                               | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose:            |                                   |  |                        |
| Code _____   |                               | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose:            |                                   |  |                        |
| SUBTOTAL THIS PAGE OF SCHEDULE B   |                               |   | \$1200 <sup>00</sup>              |  |                        |
| TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY<br>(Enter total on ITEM 17a of the Summary Sheet) |                               |   | \$1700 <sup>00</sup>              |  |                        |



# REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R13/11-05)  
Indiana Election Commission (IC 3-9-5-14)

(CFA-4)

## Summary Sheet

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT

12

**INSTRUCTIONS:** Please type or print legibly **IN BLACK INK** all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? ☒ Yes ☐ No

### COMMITTEE INFORMATION

1. Full Name of Committee (as on Statement of Organization) ☐ Check if this is a new name

FRIENDS OF CHUCK BREWER

2. Acronym or Abbreviated Name (if any)

3. Committee Telephone Number

(317) 414-2329

4. Mailing Address (address where all campaign finance correspondence is received) ☐ Check if this is a new address

623 SLATE DRIVE APT D

5. City, State, ZIP Code

INDIANAPOLIS IN 46227

6. Party Affiliation (if applicable)

REPUBLICAN

### CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full Name of Candidate (include any nickname)

CHARLES "CHUCK" BREWER

8. Party Affiliation or If Independent Candidate

REPUBLICAN

9. Office Sought (include district number, if any. Not required for exploratory committee.)

CITY COUNTY COUNCIL

10. County of Residence

MARION

### TYPE OF REPORT

11. Check one:

☐ Pre-Primary ☐ Pre-Election ☐ Annual ☐ Nomination ☐ Other ☒ Outgoing Treasurer (within 10 days amend Statement of Organization)

### CONVENTION CANDIDATES ONLY

Check one:

☐ Pre-Convention  
☐ Post-Convention

12. Reporting Period:

From: 1/1/15 Through: 2/3/15

COLUMN A  
This Period

COLUMN B  
Year to Date

13. Cash on hand and investments at the beginning of this reporting period.

1100<sup>00</sup>

14. Cash on hand and investments January 1, current year.

1100<sup>00</sup>

### CONTRIBUTIONS AND RECEIPTS

(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)

15a. Itemized (use Schedule A)

6485<sup>00</sup>

6485<sup>00</sup>

15b. Unitemized

15c. Add lines 15a and 15b in both columns

SUBTOTAL

6485<sup>00</sup>

6485<sup>00</sup>

16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B

TOTAL

7585<sup>00</sup>

7585<sup>00</sup>

### EXPENDITURES

(Note: These amounts include in-kind expenditures and loan repayments.)

17a. Itemized (use Schedule B) (Public Question: use Schedule C)

2055<sup>20</sup>

2055<sup>20</sup>

17b. Unitemized

17c. Add lines 17a and 17b in both columns

SUBTOTAL

2055<sup>20</sup>

2055<sup>20</sup>

18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)

TOTAL

5529<sup>80</sup>

5529<sup>80</sup>

19. Debts OWED BY the committee (use Schedule D)

20. Debts OWED TO the committee (use Schedule E)

### CERTIFICATION

I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.

Signature of Treasurer

Title

TREASURER

Date

2/3/15

Signature of Candidate (if applicable)

Date

2/13/15

**WARNING:** Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Class D felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)

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FEB 17 2015

Myra A. Eldridge





REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE  
State Form 4606 (R13/11-05)  
Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-1)  
CONTRIBUTIONS BY INDIVIDUALS  
Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

FILE NUMBER

Page 1 of 6

| CONTRIBUTOR'S FULL NAME AND OCCUPATION<br>FULL MAILING ADDRESS<br>(street, number, city, state, ZIP code)                       | TYPE OF CONTRIBUTION<br>OR OTHER RECEIPT  | COLUMN A<br>AMOUNT THIS<br>PERIOD | COLUMN B<br>CUMULATIVE<br>YEAR-TO-DATE | DATE<br>RECEIVED<br>RECEIVED BY |
|---|---|-----------------------------------|--|---------------------------------|
| 1. GORDON SMITH<br>8311 COUNTRY CHARM DR.<br>INDIANAPOLIS, IN 46234<br><br>Contributor's Occupation (if required) _____         | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe) _____<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify) _____ | 100 <sup>00</sup>                 | 100 <sup>00</sup>                      | 1/9/15                          |
| 2. DALE TAUKE<br>215 LINDEN AVE<br>LAKE FOREST, IL 60045<br><br>Contributor's Occupation (if required) _____                    | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe) _____<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify) _____ | 100 <sup>00</sup>                 | 100 <sup>00</sup>                      | 1/5/15                          |
| 3. WILLIAM BRUZZO<br>1851 E. 1 <sup>ST</sup> STE 900<br>SANTA ANA, CA 92705<br><br>Contributor's Occupation (if required) _____ | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe) _____<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify) _____ | 250 <sup>00</sup>                 | 250 <sup>00</sup>                      | 1/4/15                          |
| 4. AMY STANSFIELD<br>10159 OUTRIGGER LN<br>FISHERS, IN 46037<br><br>Contributor's Occupation (if required) _____                | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe) _____<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify) _____ | 50 <sup>00</sup>                  | 50 <sup>00</sup>                       | 1/15/15                         |
| 5. CLARK REHME<br>11715 FOX ROAD STE 400-153<br>INDIANAPOLIS, IN 46236<br><br>Contributor's Occupation (if required) _____      | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe) _____<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify) _____ | 25 <sup>00</sup>                  | 25 <sup>00</sup>                       | 1/15/15                         |
| SUBTOTAL THIS PAGE OF SCHEDULE A  |   | \$ 525 <sup>00</sup>              |  |                                 |
| TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY<br>(Enter total on ITEM 15a of the Summary Sheet)                        |   | \$                                |  |                                 |



REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE  
State Form 4606 (R13/11-05)  
Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-1)  
CONTRIBUTIONS BY INDIVIDUALS  
Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

FILE NUMBER

Page 2 of 6

| CONTRIBUTOR'S FULL NAME AND OCCUPATION<br>FULL MAILING ADDRESS<br>(street, number, city, state, ZIP code)                           | TYPE OF CONTRIBUTION<br>OR OTHER RECEIPT  | COLUMN A<br>AMOUNT THIS<br>PERIOD | COLUMN B<br>CUMULATIVE<br>YEAR-TO-DATE | DATE<br>RECEIVED<br>RECEIVED BY |
|---|---|-----------------------------------|--|---------------------------------|
| 1. JOSEPH PELLMAN<br>901 N. RILEY AVE.<br>INDIANAPOLIS, IN 46201<br><br>Contributor's Occupation (if required) _____                | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe) _____<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify) _____ | 50 <sup>00</sup>                  | 50 <sup>00</sup>                       | 1/15/15                         |
| 2. TIMOTHY PHELPS<br>520 E. NEW YORK ST.<br>APT. 4<br>INDIANAPOLIS, IN 46202<br><br>Contributor's Occupation (if required) _____    | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe) _____<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify) _____ | 100 <sup>00</sup>                 | 100 <sup>00</sup>                      | 1/15/15                         |
| 3. SCOTT KREIDER<br>3614 WILD IVY CT<br>INDIANAPOLIS, IN 46227<br><br>Contributor's Occupation (if required) _____                  | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe) _____<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify) _____ | 100 <sup>00</sup>                 | 100 <sup>00</sup>                      | 1/15/15                         |
| 4. COL. JAMES SWEENEY<br>11 S. MERIDIAN ST.<br>INDIANAPOLIS, IN 46204<br><br>Contributor's Occupation (if required) <u>ATTORNEY</u> | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe) _____<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify) _____ | 500 <sup>00</sup>                 | 500 <sup>00</sup>                      | 1/15                            |
| 5. MICHAEL ALERDING<br>5822 EASTVIEW CT.<br>INDIANAPOLIS, IN 46250<br><br>Contributor's Occupation (if required) _____              | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe) _____<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify) _____ | 50 <sup>00</sup>                  | 50 <sup>00</sup>                       | 1/15                            |
| SUBTOTAL THIS PAGE OF SCHEDULE A  |   | \$ 800 <sup>00</sup>              |  |                                 |
| TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY<br>(Enter total on ITEM 15a of the Summary Sheet)                            |   | \$                                |  |                                 |



REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE  
State Form 4606 (R13/11-05)  
Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-1)  
CONTRIBUTIONS BY INDIVIDUALS  
Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

FILE NUMBER

Page 3 of 6

| CONTRIBUTOR'S FULL NAME AND OCCUPATION<br>FULL MAILING ADDRESS<br>(street, number, city, state, ZIP code)       | TYPE OF CONTRIBUTION<br>OR OTHER RECEIPT  | COLUMN A<br>AMOUNT THIS<br>PERIOD | COLUMN B<br>CUMULATIVE<br>YEAR-TO-DATE | DATE<br>RECEIVED |
|---|---|-----------------------------------|--|------------------|
|   |   |                                   |  | RECEIVED BY      |
| 1. CAITLIN HANNON<br>INFO REQUESTED<br><br>Contributor's Occupation (if required)                               | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify) | 60 <sup>00</sup>                  | 60 <sup>00</sup>                       | 1/15/15          |
| 2. DEBORAH CLARK<br>1205 N. ALABAMA ST.<br>INDIANAPOLIS, IN 46202<br><br>Contributor's Occupation (if required) | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify) | 100 <sup>00</sup>                 | 100 <sup>00</sup>                      | 1/15/15          |
| 3. MARK ARBONEAUX<br>7737 SHANNON LAKES<br>INDIANAPOLIS, IN 46217<br><br>Contributor's Occupation (if required) | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify) | 100 <sup>00</sup>                 | 100 <sup>00</sup>                      | 1/15/15          |
| 4. CARLOS MAY<br>3444 AXLESFORD LN<br>INDIANAPOLIS, IN 46228<br><br>Contributor's Occupation (if required)      | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify) | 50 <sup>00</sup>                  | 50 <sup>00</sup>                       | 1/15/15          |
| 5. KIRK GRABLE<br>4529 PANTHERA LEO<br>CARMEL, IN 46074<br><br>Contributor's Occupation (if required)           | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify) | 50 <sup>00</sup>                  | 50 <sup>00</sup>                       | 1/15/15          |
| SUBTOTAL THIS PAGE OF SCHEDULE A  |   | \$ 360 <sup>00</sup>              |  |                  |
| TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY<br>(Enter total on ITEM 15a of the Summary Sheet)        |   | \$                                |  |                  |



REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE  
State Form 4606 (R13/11-05)  
Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-1)  
CONTRIBUTIONS BY INDIVIDUALS  
Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

FILE NUMBER

Page 4 of 6

| CONTRIBUTOR'S FULL NAME AND OCCUPATION<br>FULL MAILING ADDRESS<br>(street, number, city, state, ZIP code)                 | TYPE OF CONTRIBUTION<br>OR OTHER RECEIPT  | COLUMN A<br>AMOUNT THIS<br>PERIOD | COLUMN B<br>CUMULATIVE<br>YEAR-TO-DATE | DATE<br>RECEIVED<br>RECEIVED BY |
|---|---|-----------------------------------|--|---------------------------------|
| 1. RUSSELL HARVER<br>INFO REQUESTED<br><br>Contributor's Occupation (if required) _____                                   | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe) _____<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify) _____ | 50 <sup>00</sup>                  | 50 <sup>00</sup>                       | 1/15/15                         |
| 2. KAY SPEAR<br>516 W. EDGEWOOD RD.<br>INDIANAPOLIS, IN 46217<br><br>Contributor's Occupation (if required) _____         | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe) _____<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify) _____ | 100 <sup>00</sup>                 | 100 <sup>00</sup>                      | 1/15/15                         |
| 3. TIFFANY SHARPLEY<br>10874 PLEASANT VIEW LN<br>FISHERS, IN 46038<br><br>Contributor's Occupation (if required) ATTORNEY | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe) _____<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify) _____ | 250 <sup>00</sup>                 | 250 <sup>00</sup>                      | 1/13/15                         |
| 4. MARK BISHOP<br>2422 CHESTNUT ST.<br>COLUMBUS, IN 47201<br><br>Contributor's Occupation (if required) _____             | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe) _____<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify) _____ | 100 <sup>00</sup>                 | 100 <sup>00</sup>                      | 1/15/15                         |
| 5. DAVID ROSENBERG<br>3410 BOXWOOD DR.<br>INDIANAPOLIS, IN<br>46227<br><br>Contributor's Occupation (if required) _____   | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe) _____<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify) _____ | 50 <sup>00</sup>                  | 50 <sup>00</sup>                       | 1/15/15                         |
| SUBTOTAL THIS PAGE OF SCHEDULE A  |   | \$ 500 <sup>00</sup>              |  |                                 |
| TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY<br>(Enter total on ITEM 15a of the Summary Sheet)                  |   | \$                                |  |                                 |



REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE  
State Form 4606 (R13/11-05)  
Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-1)  
CONTRIBUTIONS BY INDIVIDUALS  
Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

FILE NUMBER

Page 5 of 6

| CONTRIBUTOR'S FULL NAME AND OCCUPATION<br>FULL MAILING ADDRESS<br>(street, number, city, state, ZIP code)                     | TYPE OF CONTRIBUTION<br>OR OTHER RECEIPT  | COLUMN A<br>AMOUNT THIS<br>PERIOD | COLUMN B<br>CUMULATIVE<br>YEAR-TO-DATE | DATE<br>RECEIVED<br>RECEIVED BY |
|---|---|-----------------------------------|--|---------------------------------|
| 1. JEFFERSON SHREVE<br>725 E. MARKWOOD AVE.<br>INDIANAPOLIS, IN 46227<br><br>Contributor's Occupation (if required) EXECUTIVE | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify) | 250 <sup>00</sup>                 | 250 <sup>00</sup>                      | 1/15/15                         |
| 2. COURTNEY PAPA<br>1001 ERWIN ST.<br>ELKHART, IN 46514<br><br>Contributor's Occupation (if required)                         | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify) | 50 <sup>00</sup>                  | 50 <sup>00</sup>                       | 1/15/15                         |
| 3. CAROL COMER<br>10541 DUNES Ct<br>INDIANAPOLIS, IN 46239<br><br>Contributor's Occupation (if required)                      | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify) | 100 <sup>00</sup>                 | 100 <sup>00</sup>                      | 1/15/15                         |
| 4. LINDSEY MOSS<br>501 WOODRUFF PLACE<br>INDIANAPOLIS, IN 46201<br><br>Contributor's Occupation (if required)                 | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify) | 100 <sup>00</sup>                 | 100 <sup>00</sup>                      | 1/15/15                         |
| 5. ERIC HOLCOMB<br>8530 SILVERLEAF Ct.<br>INDIANAPOLIS, IN 46278<br><br>Contributor's Occupation (if required)                | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify) | 100 <sup>00</sup>                 | 100 <sup>00</sup>                      | 1/15/15                         |
| SUBTOTAL THIS PAGE OF SCHEDULE A  |   | \$ 600 <sup>00</sup>              |  |                                 |
| TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY<br>(Enter total on ITEM 15a of the Summary Sheet)                      |   | \$                                |  |                                 |



REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE  
State Form 4606 (R13/11-05)  
Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-1)  
CONTRIBUTIONS BY INDIVIDUALS  
Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

FILE NUMBER

Page 6 of 6

| CONTRIBUTOR'S FULL NAME AND OCCUPATION<br>FULL MAILING ADDRESS<br>(street, number, city, state, ZIP code)              | TYPE OF CONTRIBUTION<br>OR OTHER RECEIPT  | COLUMN A<br>AMOUNT THIS<br>PERIOD | COLUMN B<br>CUMULATIVE<br>YEAR-TO-DATE | DATE<br>RECEIVED<br>RECEIVED BY |
|--|---|-----------------------------------|--|---------------------------------|
| 1. DANIEL LOPEZ<br>3209 E. 10TH ST. APT 4<br>BLOOMINGTON, IN 47408<br><br>Contributor's Occupation (if required) _____ | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe) _____<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify) _____ | 100 <sup>00</sup>                 | 100 <sup>00</sup>                      | 1/15/15                         |
| 2.<br><br>Contributor's Occupation (if required) _____   | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe) _____<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify) _____            |                                   |  |                                 |
| 3.<br><br>Contributor's Occupation (if required) _____   | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe) _____<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify) _____            |                                   |  |                                 |
| 4.<br><br>Contributor's Occupation (if required) _____   | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe) _____<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify) _____            |                                   |  |                                 |
| 5.<br><br>Contributor's Occupation (if required) _____   | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe) _____<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify) _____            |                                   |  |                                 |
| SUBTOTAL THIS PAGE OF SCHEDULE A   |   | \$ 100 <sup>00</sup>              |  |                                 |
| TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY<br>(Enter total on ITEM 15a of the Summary Sheet)               |   | \$ 2935 <sup>00</sup>             |  |                                 |



REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE

State Form 4806 (R13/11-05)

Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-2)  
CONTRIBUTIONS BY CORPORATIONS  
Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from corporations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

FILE NUMBER

Page 1 of 1

| CONTRIBUTOR'S FULL NAME AND<br>FULL MAILING ADDRESS<br>(street, number, city, state, ZIP code)           | TYPE OF CONTRIBUTION<br>OR OTHER RECEIPT  | COLUMN A<br>AMOUNT THIS<br>PERIOD | COLUMN B<br>CUMULATIVE<br>YEAR-TO-DATE | DATE<br>RECEIVED<br>RECEIVED BY |
|--|---|-----------------------------------|--|---------------------------------|
| 1. RED'S CLASSIC BARBER<br>SHOP<br>22 E. WASHINGTON ST.<br>INDIANAPOLIS, IN 46204                        | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify) | 500 <sup>00</sup>                 | 500 <sup>00</sup>                      | 1/15/15                         |
| 2. ARNETT MANAGEMENT<br>SOLUTIONS<br>10412 ALISONVILLE RD.<br>FISHERS, IN 46038                          | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify) | 50 <sup>00</sup>                  | 50 <sup>00</sup>                       | 1/15/15                         |
| 3. WRIGHT'S GYMNASTICS<br>332 BLUFF RD.<br>GREENWOOD, IN 46142   | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify) | 500 <sup>00</sup>                 | 500 <sup>00</sup>                      | 1/7/15                          |
| 4.   | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify)            |                                   |  |                                 |
| 5.   | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify)            |                                   |  |                                 |
| SUBTOTAL THIS PAGE OF SCHEDULE A   |   | \$ 1050 <sup>00</sup>             |  |                                 |
| TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY<br>(Enter total on ITEM 15a of the Summary Sheet) |   | \$ 1050 <sup>00</sup>             |  |                                 |



REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE  
State Form 4606 (R13/11-05)  
Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-4)  
CONTRIBUTIONS BY  
POLITICAL ACTION COMMITTEES  
Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from political action committees OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of amount from political action committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

FILE NUMBER

Page 1 of 1

| CONTRIBUTOR'S FULL NAME AND<br>FULL MAILING ADDRESS<br>(street, number, city, state, ZIP code)           | TYPE OF CONTRIBUTION<br>OR OTHER RECEIPT  | COLUMN A<br>AMOUNT THIS<br>PERIOD | COLUMN B<br>CUMULATIVE<br>YEAR-TO-DATE | DATE<br>RECEIVED |
|--|---|-----------------------------------|--|------------------|
|  |   |                                   |  | RECEIVED BY      |
| 1. Frost Brown Todd PAC<br>201 N. ILLINOIS ST.<br>INDIANAPOLIS, IN 46204                                 | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify) | 100 <sup>00</sup>                 | 100 <sup>00</sup>                      | 1/15/15          |
| 2.   | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify)            |                                   |  |                  |
| 3.   | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify)            |                                   |  |                  |
| 4.   | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify)            |                                   |  |                  |
| 5.   | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify)            |                                   |  |                  |
| SUBTOTAL THIS PAGE OF SCHEDULE A   |   | \$ 100 <sup>00</sup>              |  |                  |
| TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY<br>(Enter total on ITEM 15a of the Summary Sheet) |   | \$ 100 <sup>00</sup>              |  |                  |





REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE  
State Form 4606 (R13/11-05)  
Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-5)  
CONTRIBUTIONS BY  
OTHER ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY ORGANIZATIONS OTHER THAN CORPORATIONS, LABOR ORGANIZATIONS, POLITICAL ACTION COMMITTEES AND INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly in BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from other entities OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of amount from candidate's, legislative caucus, and regular party committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

FILE NUMBER

Page 1 of 2

| CONTRIBUTOR'S FULL NAME AND<br>FULL MAILING ADDRESS<br>(street, number, city, state, ZIP code)           | TYPE OF CONTRIBUTION<br>OR OTHER RECEIPT  | COLUMN A<br>AMOUNT THIS<br>PERIOD | COLUMN B<br>CUMULATIVE<br>YEAR-TO-DATE | DATE RECEIVED |
|--|---|-----------------------------------|--|---------------|
|  |   |                                   |  | RECEIVED BY   |
| 1. FRIENDS OF ROM BYRON<br>1512 N. DELAWARE<br>INDIANAPOLIS, IN 46202                                    | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify) | 100 <sup>00</sup>                 | 100 <sup>00</sup>                      | 1/6/15        |
| 2. JOSE EVANS FOR INDY<br>7644 BANCASTER<br>INDIANAPOLIS, IN 46268                                       | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify) | 50 <sup>00</sup>                  | 50 <sup>00</sup>                       | 1/15/15       |
| 3. FRIENDS OF JEFF CARDWELL<br>3205 MADISON AVE.<br>INDIANAPOLIS, IN 46227                               | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify) | 500 <sup>00</sup>                 | 500 <sup>00</sup>                      | 1/15/15       |
| 4. FRIENDS OF MIKE MCQUILLEN<br>P.O. BOX 50022<br>INDIANAPOLIS, IN 46250                                 | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify) | 500 <sup>00</sup>                 | 500 <sup>00</sup>                      | 1/3/15        |
| 5. SAMUEL SOLUTIONS<br>GROUP<br>P.O. BOX 1245<br>INDIANAPOLIS, IN 46206                                  | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify) | 500 <sup>00</sup>                 | 500 <sup>00</sup>                      | 1/15/15       |
| SUBTOTAL THIS PAGE OF SCHEDULE A   |   | \$ 1650 <sup>00</sup>             |  |               |
| TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY<br>(Enter total on ITEM 15a of the Summary Sheet) |   | \$                                |  |               |



**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**  
State Form 4606 (R13/11-05)  
Indiana Election Commission (IC 3-9-5-14)

**(CFA-4 SCHEDULE A-5)  
CONTRIBUTIONS BY  
OTHER ORGANIZATIONS**

**Itemized Contributions and Other Receipts**

**INSTRUCTIONS:** LIST ONLY CONTRIBUTIONS BY ORGANIZATIONS OTHER THAN CORPORATIONS, LABOR ORGANIZATIONS, POLITICAL ACTION COMMITTEES AND INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from other entities **OVER \$100** per contributor, within a calendar year **MUST** be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of amount from candidate's, legislative caucus, and regular party committees **MUST** be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) **OVER \$100** per contributor, within a calendar year, **MUST** be itemized on this schedule (over \$200 if regular party committee).

FILE NUMBER

Page 2 of 2

| CONTRIBUTOR'S FULL NAME AND<br>FULL MAILING ADDRESS<br>(street, number, city, state, ZIP code)           | TYPE OF CONTRIBUTION<br>OR OTHER RECEIPT  | COLUMN A<br>AMOUNT THIS<br>PERIOD | COLUMN B<br>CUMULATIVE<br>YEAR-TO-DATE | DATE RECEIVED |
|--|---|-----------------------------------|--|---------------|
|  |   |                                   |  | RECEIVED BY   |
| 1. CRIMSON MERIDIAN LLC<br>55 MONUMENT CIRCLE<br>INDIANAPOLIS, IN 46204                                  | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br>_____<br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify)<br>_____ | 750 <sup>00</sup>                 | 750 <sup>00</sup>                      | 1/2/15        |
| 2.   | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br>_____<br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify)<br>_____            |                                   |  |               |
| 3.   | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br>_____<br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify)<br>_____            |                                   |  |               |
| 4.   | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br>_____<br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify)<br>_____            |                                   |  |               |
| 5.   | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br>_____<br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify)<br>_____            |                                   |  |               |
| SUBTOTAL THIS PAGE OF SCHEDULE A   |   | \$ 750 <sup>00</sup>              |  |               |
| TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY<br>(Enter total on ITEM 15a of the Summary Sheet) |   | \$ 2400 <sup>00</sup>             |  |               |

**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**

State Form 4606 (R13/11-05)

Indiana Election Commission (IC 3-9-5-14)

**(CFA-4 SCHEDULE B)  
ITEMIZED EXPENDITURES**

**INSTRUCTIONS:** Please type or print legibly in **BLACK INK** all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities **OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee)**. All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) **MUST** be itemized on this schedule.

FILE NUMBER

Page 1 of 1

| RECIPIENT'S NAME AND MAILING ADDRESS<br>(street, number, city, state, ZIP code)                          | RECIPIENT'S OCCUPATION<br>OFFICE SOUGHT (if applicable) | TYPE OF EXPENDITURE<br>and<br>PURPOSE (be specific)  | COLUMN A<br>AMOUNT THIS<br>PERIOD | COLUMN B<br>CUMULATIVE<br>YEAR-TO-DATE | DATE OF<br>EXPENDITURE |
|--|---|--|-----------------------------------|--|------------------------|
| Code _____<br>ANTHEM BLUE<br>CROSS BLUE SHIELD<br>P.O. BOX 68086<br>CINCINNATI, OH 45206                 |   | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input checked="" type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose:                      | 500 <sup>00</sup>                 | 500 <sup>00</sup>                      | 2/2/15                 |
| Code _____<br>PNC BANK<br>101 W. WASHINGTON<br>INDIANAPOLIS, IN 46204                                    |   | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input checked="" type="checkbox"/> Other <u>BANKING</u><br>Purpose: <u>FEES</u> | 45 <sup>50</sup>                  | 45 <sup>50</sup>                       | 2/2/15                 |
| Code _____<br>MARION COUNTY<br>REPUBLICAN PARTY<br>47 S. PENNSYLVANIA<br>INDIANAPOLIS, IN                |   | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose: <u>contribution</u>  | 1510 <sup>00</sup>                | 1510 <sup>00</sup>                     | 4/5/15                 |
| Code _____   |   | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose:                                 |                                   |  |                        |
| Code _____   |   | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose:                                 |                                   |  |                        |
| Code _____   |   | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose:                                 |                                   |  |                        |
| Code _____   |   | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose:                                 |                                   |  |                        |
| SUBTOTAL THIS PAGE OF SCHEDULE B   |   |  | \$ 2055 <sup>50</sup>             |  |                        |
| TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY<br>(Enter total on ITEM 17a of the Summary Sheet) |   |  | \$ 2055 <sup>50</sup>             |  |                        |